

**OFFICE OF ZONING AND ADMINISTRATIVE HEARINGS
MONTGOMERY COUNTY GOVERNMENT
100 MARYLAND AVENUE, ROOM 200
ROCKVILLE, MARYLAND 20850
(240) 777-6660**

OZAH No. AAO-_____
Date Filed_____
Hearing Date_____
Time_____

**REQUEST FOR WAIVER OF ACCESSORY APARTMENT PARKING OR DISTANCE
REQUIREMENTS**

Pursuant to Montgomery County Code Sections 29-16, 29-19 and 29-26, a REQUEST is hereby made to waive the requirements of Zoning Ordinance §59.3.3.3 for parking and/or distance from other accessory apartments in order to permit the granting of an accessory apartment license by the Department of Housing and Community Affairs (DHCA), regarding:

Accessory Apartment License Application No. _____, filed on _____.

License Applicant: _____

First Name

Middle Initial

Last Name

Address. _____

Street

City & Zip Code

Telephone No.

E-mail Address

Proposed Use (Check one):

() Attached Accessory Apartment

() Detached Accessory Apartment

Requested Waiver (Check one or both):

() Minimum On-Site Parking

() Distance from Other Accessory Apartments

Description of Property for Proposed Use:

Address: _____

Lot: _____ Block: _____ Parcel No.: _____ Subdivision _____

Tax ID No. _____

Size of Property: (In acreage or square feet) _____ Current Zoning: _____

Number of Off-Street Parking Spaces on the Site: _____

Addresses of any other accessory apartments within 500 feet of the subject site, listing their distances from the subject site:

License Applicant's Present Legal Interest in Subject Property (Check one):

☐ Owner ☐ Other (describe) _____

Owner of Property (If not License Applicant):

Name _____ Address _____ Zip Code _____

Property Owner's Email Address _____

Has any previous application involving this property been made to this office, or to the Board of Appeals, by this applicant, or by anyone else to this applicant's knowledge? _____ If so, give Case Number(s): _____

Basis for Waiver Request (attach additional sheets as needed):

I hereby affirm that all of the statements and information contained in or filed with this Waiver Request are true and correct.

Signature of Attorney - *(Please print next to signature)*

Signature of Applicant(s) - *(Print next to signature)*

Address of Attorney

Attorney's E-mail Address

Telephone Number